IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281 Maple Creek

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 089018 PIN# 4757 56 7737 (pt) DATE May 19, 2000

OWNER OR CONTRACTOR Timothy W. Reid PHONE: Business _____ Home _____

ADDRESS 468 Turnersburg Hwy Statesville

LOCATION 21 N. TL on 1/2-3/4 mile past Bethany Road on Right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.189 AC SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1012-~~1200~~ Date 9-11-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1050 Linear Feet 350
No Lines 5 @ 70' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Expand w/ Infiltrator -25% Red.
Repair System Description: Same or Panel Block
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth N/A

☐ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

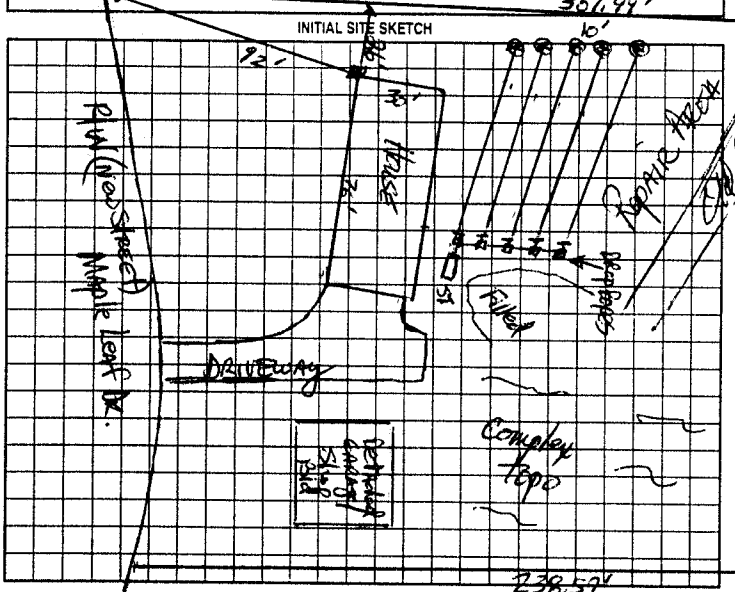
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

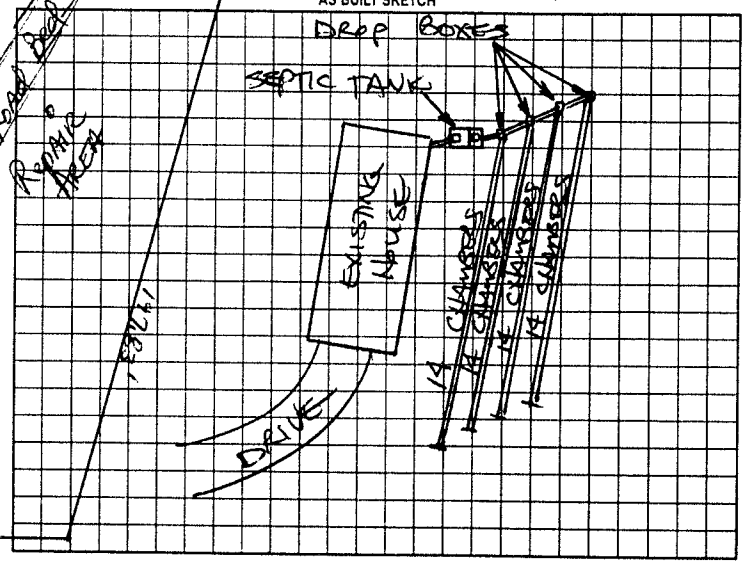
Comments/Conditions: ① ONE INSPECTION PORT PER LATERAL, SET FLUSH WITH FINISHED GRADE. REMOVE OLD "HOLGROVE" IN WITNESS CLEANOUT.

Comments/Conditions: ① SYSTEM INSTALLED OUT OF CONTOUR AS SHOWN BELOW USING 56 "INFILTRATOR" CHAMBERS ② SEPTIC TANK W/ RISERS AND MARKER INSTALLED USING "POLYLOK" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: X Carol Reed date 5-22-00 Installed by: STEVE JORDAN

Improvement Permit by: _____ RS date 5-19-00 Operation Permit by: STEVE HEDRICK date 12-11-00

Authorization to Construct by: _____ RS date 5-19-00 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK